

## “Labor of Love” Volunteer Application

Mt. Olive Lutheran and Concordia Lutheran Churches invite members of the greater Rockford community to join us in “loving our neighbors.” If interested in helping, complete both sides of this application. THANK YOU for your assistance.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Dates Available to Serve:

\_\_\_\_ August 30<sup>th</sup>, 2025

\_\_\_\_ November 29<sup>th</sup>, 2025



Types of things I am good at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limitations I have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other things we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I have a truck, if needed

\_\_\_\_ I have a van, if needed

(See Liability Waiver on Reverse Side)

**Mail to:** Mt. Olive Lutheran Church  
Attn. Bill Cullen  
2001 N. Alpine Rd.  
Rockford, IL 61107

### Special Note

\_\_\_\_ I understand that in order to participate in the Labors of Love ministry, volunteers from the community require a criminal background check, and I give permission for the Labors of Love coordinator to email me a direct link to complete the background check by August 25th. Expense of the background check to be covered by Mt. Olive Lutheran Church.

## Volunteer Waiver and Release of Liability

In consideration for being allowed to participate in any way in and/or related activities sponsored by Mt. Olive Lutheran Church, 2001 North Alpine Road, Rockford, Illinois, 61107, the undersigned:

1. Acknowledges and understands that he or she will be engaging in activities and volunteer work that involve risk of serious injury, including disability and death, and severe social and economic losses. These consequences might result not only from his/her own action, inaction, or negligence, but also from the actions, inaction, or negligence of others during the course of the activities referred to above. Further, the undersigned acknowledges and fully understands that there may be other risks not known or reasonably foreseeable at this time.
2. Assumes all of the foregoing risks and accepts personal responsibility for any damages following such injury, permanent disability, and therefore property damage.
3. Agrees to release, waive, and discharge any liability by Mount Olive Lutheran Church, their staff, associates, volunteers, their respective heirs, legal representatives, successors, and assigns for any causes of action, claims, demands, damages, or expenses on account of or in any way growing out of any and all personal injuries, permanent disability, death, and/or property damage resulting or to result from any activities related to the above-described activity/volunteer work.
4. States that he/she has carefully read the foregoing release, understands its implications and signs it as his/her own free act.

### PHOTOGRAPHS AND VIDEO

I [DO] [DO NOT] (Circle One) allow photographs and video representations of me or my child to be taken for the express purpose of telling stories about the activities and volunteer work experiences in the future.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

**For minors under 18 years old:**

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

**In case of an emergency please supply a contact name and phone number.**

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_